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Statement of Rep. Christopher Shays September 8, 2006

Five years after the cataclysmic attacks on the World Trade Center, shock waves still emanate from Ground Zero. Diverse and delayed health problems continue to emerge in those exposed to the contaminants and psychological stressors unleashed on September 11, 2001.

Firefighters, police, emergency medical personnel, transit workers, construction crews and other first responders as well as volunteers came to Ground Zero knowing there would be risks, but confident their community would sustain them.

Make no mistake, these individuals did not just go to work on that day, they went to war. However, as we will hear today, federal, state and local health support has not provided the care and comfort they need and rightfully deserve.

After the 1991 war in the Persian Gulf, veterans suffering a variety of unfamiliar syndromes faced daunting official resistance to evidence linking multiple, low-level toxic exposure to subsequent, chronic ill-health. In part due to work by this Subcommittee, long term health registrants were improved, an aggressive research agenda pursued and sick veterans now have the benefit, in law, of presumption that wartime exposures cause certain illnesses.

When the front line is not Baghdad, but Lower Manhattan, occupational medicine and public health practitioners still have much to learn from that distant Middle East battlefield.

Proper diagnosis, effective treatment and fair compensation for the delayed casualties of a toxic attack require vigilance, patience and a willingness to admit what we do not yet know, and might never know, about toxic synergies and syndromes. Health surveillance has to be focused and sustained and new treatment approaches have to be tried to restore damaged lives before it is too late.

Today it appears the public health approach to lingering environmental hazards remains unfocused and halting. The unquestionable need for long term monitoring has been met with only short term commitments. Screening and monitoring results have not been translated into timely protocols that could be used by a broader range of treating physicians. Valuable data sets compiled by competing programs may atrophy as money and vigilance driving 9/11 health research wane.

We asked our invited witnesses to discuss how the federal investment in World Trade Center Health programs has been used and how these efforts can be better coordinated and more sharply focused. We value their perspectives, appreciate their expertise and look forward to their testimony.

This Monday, our nation will observe a moment of silence for those who lost their lives on September 11, 2001. We convene today in remembrance of those lost, and on behalf of those who came to save them, the first responders who are suffering physically, mentally and dying, as a result of the toxic terrors unleashed on that terrible day.